



As in the previous Newsflash, Dr. Daniel Elies from Spain has contributed to the development of the decision tree.



## Decision Tree 2: High vaulting ICL with normal IOP

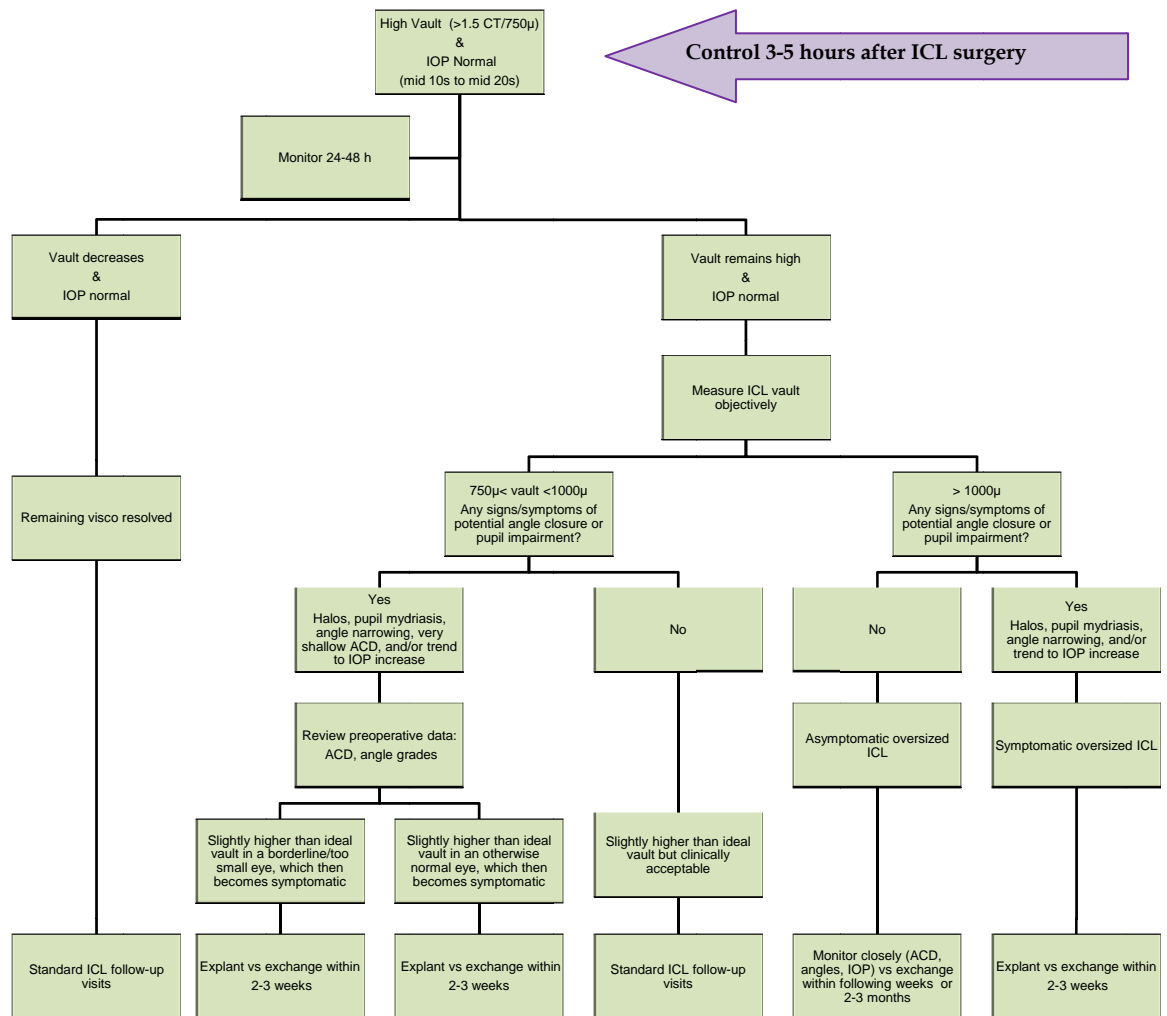
In some instances the ICL surgeon may encounter cases of "higher than ideal" vault with normal IOP. Differential diagnosis and management for these situations early after ICL implantation is provided in the decision tree below.

The main focus of the decision tree is whether or not this "higher than ideal" vault warrants intervention. Usually, when the eye is quiet one only needs to monitor the patient at 24-48 hours. At this time it is advisable to review the symptoms and examine the eye and the ICL vault again. There is no magic number attributed to vault beyond which the complications will start. Every eye's anatomy, especially anterior chamber dimensions (depth, angle degree, volume) and iris configuration, can respond in different ways to similar vault. Usually, the deeper the chamber and wider the angles the less likely a "higher than ideal" vault would create problems.

As a rule, the presence of signs/symptoms of iris/angle compromise is the key to decision making. Asymptomatic patients with "higher than ideal" vault are clinically acceptable and should follow standard ICL post-operative visits, unless vault is >1000µ. In these cases one might want to monitor closely in the beginning and then move on to the standard regimen of follow-ups.

In patients where symptoms or signs clearly point to a potential compromise to the angle structures, an exchange with a shorter length lens is recommended within 2-3 weeks. The amount of time before exchange should be established based on type and severity of compromise.

Individual surgeon preferences might play an important role here. However, a balance between risk/benefit for each particular case is advisable prior to planning any secondary surgical intervention.



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